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Telephone No.From: David E. HeiseyDirect Dial: 858-720-8936Re: Transmittal of Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address

MESSAGE: Please see attached.

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted  
to the United States Patent and Trademark Office on March 9, 2006.  
David E. HeiseyTransmittal Form (1 page)Revocation of Power of Attorney with New Power of Attorney and  
Change of Correspondence Address (1 page)Applicant: Daniel LiebermanTitle: DEMETALLIZING IN REGISTER WITH A PRE-PRINTED WEBSerial No: 09/809,141 Filed: March 15, 2001Examiner: Roberts P. Culbert Group Art Unit: 1763Our Docket No.: 11CX-D2 (formerly 32574-2/P03)Date Faxed: 03/09/06Client: LiebermanDate Due: N/AAtty/Sec.: Heisey/McDougall

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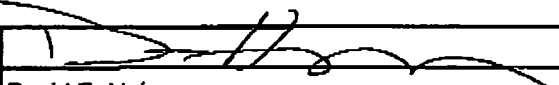
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<b>TRANSMITTAL FORM</b>		Application Number	09/809,141
		Filing Date	March 15, 2001
		First Named Inventor	Daniel Lieberman
		Art Unit	1763
		Examiner Name	Roberts P. Culbert
		Attorney Docket Number	11CX-D2 (formerly 32574-2/P03)
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	2		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sheppard Mullin Richter & Hampton LLP		
Signature			
Printed name	David E. Heisey		
Date	March 9, 2006	Reg. No.	42,651

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Signature			
Typed or printed name	David E. Heisey	Date	March 9, 2006

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/809,141
Filing Date	March 15, 2001
First Named Inventor	Daniel Lieberman
Art Unit	1763
Examiner Name	Roberts P. Culbert
Attorney Docket Number	11CX-D2

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30764

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number.

30764

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

DANIEL LIEBERMAN

Date

03/03/06

Telephone

619 840-3106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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